S #87-0280393
LUE CROSS #17

WASATCH COUNTY HOSPITAL

55 SOUTH FIFTH EAST
HEBER CITY, UTAH 84032

PATIENT NO. 79-0306 -
(PLEASE CITE THIS NO. WITH YOUR PAYMENT.)

ADMISSION FORM

C Phys. Rec. ☐ Yes ☐ No

Pvt. Phys. George D. Pitts, M.D.

. Name Last	First	Middle	Age	Birthdate	Sex	Marital Status	Adm. Date	Time
STEELE,	Billie	Jo	33	12-7-46	F	M	3-19-79	10:00 am

. Address Street	City	State	Zip	Home Phone	Work Phone	Soc. Sec No.
160 West 3rd North,	Heber City,	Utah	84032	654-1548	No	

rought in By	Manner Received	Complaint	Date & Type of Accident	Home ☐	On Job ☐	Auto ☐	Other ☐
Self		Term Pregnancy					

uarantor Full Name	Address	Phone	ALLERGIES
Clifton L. Steele	Same	Same	NKA

eference:	Address	Phone

d. / Liab. Carrier Name	Address	Phone	Clothing and Valuables With Pt. ☐ Home ☐ Checked ☐

uarantor's Employer	Address	Phone	Medicare No.	Welfare No.	Cat	Co.
Self-Employed						

X - BX	ID #	Gr. #	Commercial Insurance	Address	Policy No. or other information
			Blue Cross-Blue Shield		

ischarged ☐	Adm. Rm. ☐	Deceased ☐	Other Insurance Information Company:	Address	Additional Ins. Info.

inal Diagnosis	Physician's Signature:

OTICE AND AUTHORIZATION FOR TREATMENT AND PAYMENT: I hereby authorize any medical, surgical and anesthetic procedure which the physician ay consider necessary for the above named patient. I also assume financial responsibility to the hospital. Accounts not paid in 30 days will be charged a onthly FINANCE CHARGE of 1.5% (Min. charge 50c) which is an ANNUAL PERCENTAGE RATE OF 18%. In the event of default I agree to pay costs and reasonable attorney fee in any account balance after default is placed with an attorney for collection. This account to be paid in Heber, Utah.

Witness L. Kirkman Date 3/19/79 Signature of Responsible Party x Billie Jo Steele